

APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY  
MONTHLY BENEFITS BY DIRECT DEPOSIT

- If your mailing address is different from the address in Section 1, make any necessary changes in Section 1A.
- Complete Section 2.
- Ask your bank to complete Section 3.
- Call (207-7000) or fax (207-7303) the Embassy; or mail the completed form in the envelope provided.

## SECTION 2

I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.

DATE \_\_\_\_\_

I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

DATE \_\_\_\_\_

☐ My own account    ☐ A joint account

Payments will be sent in U.S. Dollars. Print the bank information in the blocks below.

BANK PHONE NUMBER

SIGNATURE OF BANK OFFICIAL

Account Number  
(Must have all 18 digits)

[illegible]